

Audio Teleconference Packet ¹⁹⁶⁰⁵⁹

Development of Appropriate Responses to Drug Testing Results

November 24, 1998
2:30 - 4:00 p.m. (EST)

Scott Reiner
Presenter

PROPERTY OF
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Development of Appropriate Responses to Drug Testing Results

Training Objectives

As a result of this teleconference, participants will be able to:

- Define and describe desired responses to be made to every youth in their program who is drug tested (i.e., those having both positive and negative test results), including praise and reinforcement for negative results, and treatment referrals and/or sanctions for positive tests;
- Choose appropriate responses for youth at various points in the juvenile justice system (e.g., detention, probation, confinement);
- State the key elements of an interagency agreement (i.e., between juvenile justice agencies and treatment providers) and summarize the process for developing one;
- Delineate how treatment referrals will be made in their community/jurisdiction;
- Implement a system of graduated sanctions for repeated episodes of positive drug tests;
- Implement a system of responses for youth who test negative for drug use;
- Plan how treatment providers and juvenile justice agencies will provide aftercare/relapse prevention for youth who have completed treatment and/or are returning from a juvenile justice institution to the community; and
- Discuss the importance of determining co-occurring mental illnesses and other issues (e.g., family issues, medical problems) that may contribute to or be affected by a youth's substance abuse and decide how their programs will identify and respond to these issues.

ABOUT THE PRESENTER

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In addition to his position as Program Supervisor of the Substance Abuse Services Unit with the Virginia Department of Juvenile Justice, Mr. Reiner also serves as an Adjunct Instructor at Virginia Commonwealth University in the Department of Criminal Justice and at Old Dominion University in the College of Health Sciences. Additionally, he is a Clinical Instructor, Division of Substance Abuse Medicine, Department of Internal Medicine, Medical College of Virginia/Virginia Commonwealth University.

Mr. Reiner has developed major programming innovations including comprehensive correctional substance abuse treatment programs for incarcerated juveniles, programs for juvenile drug sellers, and intensive aftercare/parole services for substance abusing delinquents.

Outline

Key Points for Teleconference

- I. Responding to youth is the reason for conducting drug testing
 - A. The purpose of drug testing is to assist juvenile justice personnel in case planning and identifying youth who need substance abuse treatment services, or other interventions and assistance
 - B. Possible responses include:
 1. Positive reinforcement (e.g., praise, rewards) for negative test results to encourage continued abstinence
 2. Referral to treatment resources when tests are positive
 3. Graduated sanctions for repeated positive test results
 - C. The types of responses for a drug testing program may depend on the type of juvenile justice setting in which testing is conducted, the status of youth who are tested (i.e., non-adjudicated, adjudicated), the agency mission and program purpose, and resources available within the community/jurisdiction.
 1. Non-adjudicated youth in detention, diversion programs, or on release before adjudication, should be tested for diagnostic purposes, and if positive, a referral for screening and assessment for treatment should be made.

2. Initial positive tests of youth on probation, in residential placement, or on parole/aftercare should be used for diagnostic purpose, and positive results should be used to refer youth for screening and assessment for substance abuse treatment.
 3. Continued positive tests of youth on probation, especially those who have court orders prohibiting substance use, should generate graduated sanction responses.
 4. Positive drug tests after a youth begins treatment require immediate responses from the treatment provider and the application of juvenile justice sanctions should be decided jointly by the treatment professional and the juvenile justice professional.
- D. Without appropriate responses, drug testing is a mindless use of technology that will have little effect on youth
- II Using drug testing to leverage youth who need it into treatment requires knowledge of treatment resources and specific plans for obtaining needed treatment resources for youth.
- A. Identify existing treatment resources within the community/jurisdiction, including:
1. Drug education programs
 2. Group counseling
 3. Residential placement
 4. Therapeutic communities
 5. Day reporting
 6. Psychiatric treatment
 7. Intensive Outpatient
 8. Individual Counseling
 9. Self-help and 12-Step programs

10. Relapse prevention
11. Specialized treatment for dually diagnosed youth

B. Types of treatment approaches that are most beneficial for youth

C. In addition to identifying existing programs, determine:

1. Whether or not the treatment is specifically for youth
2. How much it costs and what kinds of reimbursements are accepted (e.g., patient payment, Medicaid, insurance)
3. Length of treatment program
4. Current availability (e.g., openings, waiting lists)
5. Qualifications and competency of treatment staff
6. Availability of services that are appropriate for the gender and cultural backgrounds of youth
7. Program proficiency (i.e., Is treatment delivered in the intended manner, quantity, and intensity, with positive outcomes for a majority of participants?)

D. Identify missing treatment resources in the community/jurisdiction (i.e., types of treatment not available and insufficient quantity of treatment services) and decide the desired continuum of treatment services needed.

E. Engage in coordinating and collaborative efforts to develop interagency agreements between juvenile justice and treatment agencies to obtain needed treatment services for youth.

1. Be aware of differences and similarities between juvenile justice and treatment providers in their mission, goals, and purpose
 - a. Mission of treatment includes public health, improved personal and interpersonal functioning, rehabilitation, abstinence from substance abuse, self help.
 - b. Mission of juvenile justice includes public safety, rehabilitation, supervision, accountability, youth competency development.
 - c. Similarities include:
 1. common client
 2. common issues of client resistance, high recidivism, public skepticism, excessive caseloads, lack of resources
 3. common goals include offender rehabilitation (habilitation of youth), retention in treatment, behavior change
 4. common activities include assessment, referral, monitoring, reporting, advocacy, counseling, documenting.
 2. Despite differences, working relationships can be achieved and agreements reached through ongoing dialogue and commitment to interdependence.
- F. Develop a Memorandum of Understanding (Interagency Agreement) containing:
1. List of participants
 2. Purpose of the agreement

3. Identified clients to be served
4. Interagency goals
5. Specific procedures for each agency (e.g., referral process for juvenile justice; communication of treatment progress by treatment provider; who will perform drug testing of youth; confidentiality)
6. Funding

III. Develop and implement graduated rewards and sanctions for youth who are drug tested.

A. Possible responses to negative tests (no drug use) include, for example:

1. Verbal praise
2. Positive notes to parents
3. Rewards (e.g., movie tickets, skating passes, fast food coupons)
4. Privileges and activities (e.g., later curfews, drug-free parties)
5. Less frequent or no drug testing

B. Possible sanctions/responses for repeated positive tests include, for example:

1. Verbal confrontations/reprimands
2. Drug education programs
3. Writing assignments addressing areas of difficulty
4. Increased drug testing
5. Increased contacts with probation or parole officer or facility staff
6. Earlier curfews or loss of other privileges
7. Community service assignments or other facility work assignments
8. Electronic monitoring
9. Home/facility restrictions (e.g., house arrest, room confinement)
10. Referral for treatment

11. Change program status (e.g., intensive probation supervision; higher level of security in a custody facility)
 12. Probation/parole violation or facility disciplinary procedures
 13. Possibly a short detention stay
 14. Increase the severity, number, and/or combination of above sanctions
 15. Revoke probation/parole status; move to a more secure facility; extend period of time youth is committed to the juvenile justice system
- C. Determine how sanctions will be imposed, for example:
1. Discretion of the probation/parole officers or residential care staff
 2. Probation/parole officer or residential care staff with approval of supervisor
 3. With court or paroling authority approval and/or agency administrator approval
 4. Pre-determined through agency policies

IV Relapse prevention

- A. Substance addiction is a chronic relapsing disorder
- B. Relapse is a return to substance use and related behaviors after a period of abstinence
- C. There is a high probability that youth will experience relapse
- D. Part of the coordination and collaboration between juvenile justice and treatment providers should include agreement on addressing relapse issues, such as:
 1. Monitoring youth for signs of relapse

2. Relapse prevention programs
 3. Relapse intervention (return to treatment)
- V. Identify the special needs of youth with co-occurring mental illnesses, family issues, and medical problems
- A. Possible co-occurring mental illnesses include:
1. Conduct disorder
 2. Attention-Deficit/Hyperactivity Disorder
 3. Oppositional Defiant Disorder
 4. Depression
 5. Obsessive-Compulsive Disorder
 6. Post-traumatic Stress Disorder
 7. Borderline Personality
- B. Possible family issues include:
1. Family history of substance abuse
 2. Family violence
 3. Family instability
- C. Medical problems
1. Alcohol and other drug use affects the immune system
 2. Malnutrition is more likely
 3. Infectious diseases (e.g., HIV, Tuberculosis, Hepatitis) often are associated with AOD abuse
 4. Complications for pregnant teens
 5. Injuries related to risk taking while under the influence of disinhibiting substances or experiencing impaired motor functioning
 6. Tendency to not seek proper medical care
- D. Possible indicators of problems in these areas:
- E. Policies and procedures for responding to youth with these issues:
1. Obtaining a full assessment
 2. Referral for treatment specific to assessed needs

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Participant Evaluation of Teleconference

Please give brief reactions/comments indicating your thoughts about the following.

1. Through this teleconference I learned the following new content, or different ways of looking at things:

2. What will you take from this teleconference to apply in your work?

3. The best aspects of this teleconference were:

4. The teleconference could be improved by:

5. What additional help or training do you need related to this topic?

6. Suggestions or comments:

Please mail or fax this form to:
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Fax (606) 244-8001

Please evaluate the presenter of this teleconference by placing a mark (X) in the column that corresponds with your rating of each area.

Scott Reiner	Outstanding	Above Average	Average	Below Average	Poor
Knowledge and organization of content					
Presentation methods					
Responsiveness to participants					

Please rate the following aspects of this teleconference by placing a mark (X) in the column that corresponds with your rating of each area.

	Outstanding	Above Average	Average	Below Average	Poor
Organization of the teleconference session					
Quality of the teleconference (overall rating)					
Content (current, relevant, and useful information)					
Effectiveness of instruction (Presenter's skills and organization)					
Opportunities to ask questions					
Handout materials (outline, visual aids)					
Supplemental materials (workbook, reference books)					

The length of the teleconference in relation to the content covered was:

about right too long too short

